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| Application Number | 10/532,519 |
| Filing Date | 04-25-2005 |
| First Named Inventor | Robert Seeman |
| Title | Method of handling web page requests from a browser |
| Art Unit | 2445 |
| Examiner Name | William J. Góodchild |
| Attorney Docket Number | 357731.00002 |
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| Individual Name Address City State Zip Country Telephone Email Lam the: X Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Name Robert Seeman Telephone Out Telephone Out Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | |
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| Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Date Name Robert Seeman Telephone Coy 7295330 Title and Company NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | A THEORY CO. T. C. | Email | | | | | | |
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| Signature Signature Date Nome Robert Seeman Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | OR Assigned of record of the entire interest. See 37 CFR 3.71 | | | | | | | | |
| Name Robert Seeman Robert Seeman Telephone Robert Seeman NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on | | | | | | | | |
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| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Name | Robert Seeman | | Telephone | 600 | 1 724 533 | 6 | | |
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| | ➤ *Total of one | forms are submitted. | | | | | | | |

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